

## **INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS (QNSP) PART II.**

***PLEASE RETURN WITHIN 5 WORKING DAYS FROM DATE RECEIVED***

If you have any questions, please call the Personnel Security Assurance Program (PSAP) office at 5-8500 or 7-0869.

### **NOTE THE FOLLOWING**

- If you are uncertain about exact dates, enter the approximate date.
- **Question #20** – If you are registered with the Selective Service and DO NOT have the registered number, Call (847) 688-6888 to obtain it.
- **Question #21** – If you answer YES, please sign “Authorization for Release of Medical Information”
- **Question #26A** – Enter the **ORIGINAL GRANT DATE** or **LAST REINVESTIGATION DATE** of your security clearance. If you do not recall either date, you may call Mary Ann Sprouse at 7-6115 from Personnel Security.

### **DID YOU?**

- **PLEASE SIGN IN BLACK OR BLUE INK.**
- **Answer each question completely?**
- **Initial all corrections and white outs?**
- **Write your Social Security number on the bottom of every page?**
- **Sign Page 9, 10, or “Authorization for release of Medical Information” (If applicable)?**
- **Make a copy for your personnel file?**
- **Write your Name, Z number, and Group/Mail Stop on the outside of the envelope?**
- **Sign and date the back of the envelope after sealing it?**

**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

**Part 2**

OFFICIAL  
USE  
ONLY

<b>19 YOUR MILITARY RECORD</b>		Yes	No
Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.			

Month/Year	Type of Discharge

<b>20 YOUR SELECTIVE SERVICE RECORD</b>		Yes	No
<b>a</b> Are you a male born after December 31, 1959? If "No," go to 21. If "Yes" go to b.			
<b>b</b> Have you registered with the Selective Service System? If "Yes" provide your registration number. If "No" show the reason for your legal exemption below			

Registration Number	Legal Exemption Explanation

<b>21 YOUR MEDICAL RECORD</b>		Yes	No
In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?			

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	Zip Code
To				
To				

<b>22 YOUR EMPLOYMENT RECORD</b>		Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

Use the following codes and explain the reason your employment was ended:

- |  |  |  |
|--|--|--|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance |  |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

<b>23 YOUR POLICE RECORD</b>		Yes	No
For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.			

**a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

**b** Have you ever been charged with or convicted of a firearms or explosives offense?

**c** Are there currently any charges pending against you for any criminal offense?

**d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

**e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

**f** In the last 7 years, have you been arrested for, charged with or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	Zip Code

Enter your Social Security Number before going to the next page



<b>24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY</b>		<b>Yes</b>	<b>No</b>
<p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p>			
<b>a</b>	<p>Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?</p>		
<b>b</b>	<p>Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?</p>		
<b>c</b>	<p>In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p>		
<p>If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.</p>			

Month/Year To	Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used

<b>25 YOUR USE OF ALCOHOL</b>		<b>Yes</b>	<b>No</b>
<p>In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?</p>			
<p>If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.</p>			

Month/Year To	Month/Year To	Name/Address of Counselor or Doctor	State	Zip Code

<b>26 YOUR INVESTIGATION RECORD</b>		<b>Yes</b>	<b>No</b>				
<p><b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? If "<b>Yes</b>" use the codes that follow to provide the requested information below. If "<b>Yes</b>," but you can't recall the investigating agency and/or the security clearance received, enter "<b>Other</b>" agency code or clearance code, as appropriate, and "<b>Don't Know</b>" or "<b>Don't Recall</b>" under the "<b>Other Agency</b>" heading, below. If your response is "<b>No</b>," or you don't know or can't recall if you were investigated and cleared, check the "<b>No</b>" box.</p>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Codes for Investigating Agency</b>            1 - Defense Department            2 - State Department            3 - Office of Personnel Management            4 - FBI            5 - Treasury Department            6 - Other (<i>Specify</i>)         </td> <td style="width: 50%; vertical-align: top;"> <b>Codes for Security Clearance Received</b>            0 - Not Required            1 - Confidential            2 - Secret            3 - Top Secret            4 - Sensitive Compartmented Information            5 - Q            6 - L            7 - Other         </td> </tr> </table>		<b>Codes for Investigating Agency</b> 1 - Defense Department 2 - State Department 3 - Office of Personnel Management 4 - FBI 5 - Treasury Department 6 - Other ( <i>Specify</i> )	<b>Codes for Security Clearance Received</b> 0 - Not Required 1 - Confidential 2 - Secret 3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q 6 - L 7 - Other				
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Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
<p><b>b</b> To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "<b>Yes</b>," give date of action and agency. <b>Note:</b> An administrative downgrade or termination of a security clearance is not a revocation.</p>							
Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action				

<b>27 YOUR FINANCIAL RECORD</b>		<b>Yes</b>	<b>No</b>			
<p><b>a</b> In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?</p>						
<p><b>b</b> In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?</p>						
<p><b>c</b> In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?</p>						
<p><b>d</b> In the last 7 years, have you had any judgments against you that have not been paid?</p>						
<p>If you answered "<b>Yes</b>" to a, b, c, or d, provide the information requested below:</p>						
Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	Zip Code

<b>28</b>	<b>YOUR FINANCIAL DELINQUENCIES</b>	<b>Yes</b>	<b>No</b>
<b>a</b>	In the last 7 years, have you been over 180 days delinquent on any debt(s)?		
<b>b</b>	Are you currently over 90 days delinquent on any debt(s)?		

If you answered "Yes" to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	Zip Code

<b>29</b>	<b>PUBLIC RECORD CIVIL COURT ACTIONS</b>	<b>Yes</b>	<b>No</b>
	In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?		

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (include City and county/country if outside U.S.)	State	Zip Code

<b>30</b>	<b>YOUR ASSOCIATION RECORD</b>	<b>Yes</b>	<b>No</b>
<b>a</b>	Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		
<b>b</b>	Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
Enter your Social Security Number before going to the next page →	

# UNITED STATES OF AMERICA

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Carefully read this authorization to release information about you, then sign and date it in ink.**

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature ( <i>Sign in ink</i> )		Full Name ( <i>Type or Print Legibly</i> )		Date Signed
Other Name Used			Social Security Number	
Current Address ( <i>Street, City</i> )		State	Zip Code	Home Telephone Number ( <i>Include Area Code</i> )

**UNITED STATES OF AMERICA**  
**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Carefully read this authorization to release information about you, then sign and date it ink.

**Instructions for Completing this Release**

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature ( <i>Sign in ink</i> )		Full Name ( <i>Type or Print Legibly</i> )		Date Signed
Other Name Used			Social Security Number	
Current Address ( <i>Street, City</i> )		State	Zip Code	Home Telephone Number ( <i>Include Area Code</i> )

U.S. Department of Energy

**RELEASE**

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information, Records, and Resource Management, HR-41– GTN, Paperwork Reduction Project (1910-1800) U.S. Department of Energy, Washington, DC 20874-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

**Fair Credit Reporting Act of 1970, as amended**

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. 1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING THE AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE DECISION OF THE DEPARTMENT OF ENERGY TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government and/or (3) security clearance or access authorization eligibility. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the Department of Energy to obtain such report(s) from any consumer/credit-reporting agency.

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(Print Name)

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(SSN)

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(Signature)

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(Date)

Collection of the information requested is authorized under Executive Order 12968, "Access to Classified Information". Completion of this form is voluntary; however, your decision not to complete this form may result in the discontinuation of processing your case for access authorization (security clearance) or the termination of your current access authorization. This form will be made a permanent part of your DOE Personnel Security File (PSF). Access to your PSF within the DOE and by other individuals is permitted as stipulated in DOE-472.1 and as listed as Routine Uses in Appendix B to System of Records, DOE-43, "Personnel Security Clearance Files." A copy of this signed form will be provided to you at your verbal or written request. You must designate the address to which a copy of the form is to be sent.